

Introduction

INTRODUCTION

Ensuring the Progress of Public Health In Texas

The health of Texans improved dramatically in the last century. An infant's chance of surviving the first year of life and living to age seventy increased remarkably. Texans no longer fear paralysis by polio or the ravages of cholera and yellow fever. Even chronic diseases exert a lesser impact now than they did just a few decades ago. The death rate from heart disease in Texas, for example, has dropped steadily since 1950.

This progress is the essence of public health. Public health ensures that conditions people need to be healthy are available. Improved sanitation and housing, sewage treatment and insect control, pure food and water, safer workplaces, licensed health workers and facilities, and people's recognition of health risks all come about through the essential functions of public health that promote and protect the health of all Texans.

The last century has also seen dramatic developments in medical care. In 1950 a patient suffering a heart attack – an acute clot in a coronary artery – would be merely put to bed. In 2000, the same patient may be treated immediately with advanced drugs or surgery to remove the coronary obstruction and return the heart to normal function. Such advances have improved the prognosis for many individual health problems. At the same time, the potential for preventing diseases has grown. Medical sciences, epidemiology, psychology, and other disciplines have taught us how to prevent many of the great killer diseases of the human race.

But, as individual health care has advanced, not all Texans have been able to access it. The ability to access the wonders of modern health care is a major issue of equity in our society. People continue to debate exactly what should be done to improve access to health care, but strong social and political expectations in Texas hold the public sector accountable for maintaining a health care “safety net” for those most in need.

Over the last century, the Texas Department of Health (TDH) assumed two intertwined responsibilities – what we call public health. They are:

- Ensuring that the essential public health functions are performed to protect and promote the health of the public; and
- Maintaining a health care safety net for the medically indigent and those with special health care needs.

The department's priorities and activities evolved in reaction to prevailing health disasters, threats, and needs; and its responses depended on a foundation of science, social values, and legislative interest. As a result, TDH can claim a history of success in attacking some of the state's most devastating health threats. Now, at the start of a new century, the state faces a sobering list of new health problems and challenges.

The modern realities of HIV and tuberculosis remind us that communicable diseases have not disappeared. Daily headlines bring blaring stories about contaminated foods, hepatitis outbreaks, sewage spills, and the threat of bioterrorism point to the need for continued vigilance over infectious diseases. The traditional tools of public health are also vital weapons against unsafe products and environmental hazards such as asbestos, lead, and radiation, and they ensure standards in health care professions and facilities.

At the same time, social patterns and individual lifestyle decisions around tobacco, alcohol, nutrition, exercise, drug abuse, and sexual behavior continue to take a heavy toll on Texans' health and prosperity. Public health practitioners seek more effective ways to address preventable health problems such as cardiovascular disease, many cancers, diabetes, accidents, suicide, and violence, which now account for most of the state's premature deaths and disabilities.

As a state, Texas faces a set of especially challenging health problems. Part of the challenge comes from Texas' location on the border with Mexico. Immigrants who enter Texas across the southern border are at high risk for infectious diseases related to poverty, like hepatitis A and tuberculosis, plus nutrition-related conditions like neural tube defects and diabetes mellitus. All of these problems have required strong responses from the state government.

Meanwhile, Texas struggles to manage the health care needs of a large medically indigent population. And the state is challenged to apply health care resources not just to cure illness, but also to prevent it. Texans deserve the assurance that comes from an effective

public health system. But the state can only maintain such a system if the proven methods of the past merge with new approaches and operate with a clear sense of purpose. The department and the Texas Board of Health are charged with central roles in maintaining and improving the public health system – by addressing community priorities, facilitating state and local level action, and linking public and private sector partnerships, all with the ultimate goal of making Texas a healthier state.

One key question drives this Comprehensive Operational and Strategic Plan: How can the department best work to fulfill state government’s responsibility for public health? A multitude of answers exists, both old and new. But the best health outcomes will be reached only with a critical focus and alignment of purpose throughout the department itself. It is toward that goal that this report is dedicated.

House Bill 2085: The Charge

The department underwent Sunset Review in 1998 as part of Texas’ process to determine whether state agencies should continue to exist and, if so, how they should change to be more effective. Following an extensive review, the Sunset Advisory Commission issued a staff report to the 76th Texas Legislature. House Bill 2085, which continued the department’s existence for the next twelve years, adjusted some aspects of the department’s functions and outlined charges for the department and the board.

One charge requires the board to produce a “comprehensive strategic and operational plan” every two years, to include a statement of purpose for each of the department’s missions, including:

- The prevention of disease;
- The promotion of health;
- Indigent health care;
- The protection of parents’ fundamental right to direct the health care and general upbringing of their children;
- Acute care services for which the department is responsible;
- Health care facility regulation for which the department is responsible;
- The licensing of health professions for which the department is responsible; and
- All other health-related services for which the department is responsible under law.

The plan also must include:

1. An analysis regarding how each department mission relates to the other TDH missions;
2. A detailed analysis of how to integrate or continue to integrate department programs, including the integration of information gathering and information management within and across programs to:
 - minimize duplication of effort,
 - increase administrative efficiency,
 - simplify access to department programs, and
 - more efficiently meet the health needs of this state;
3. A detailed proposal to integrate or continue to integrate department programs during the two-year period covered by the plan to the extent allowable by law and in accordance with the department's analysis;
4. A statement regarding ways in which the department will coordinate or attempt to coordinate with federal, state, local, and private programs that provide services similar to those provided by the department;
5. An assessment of current services and an evaluation of the need to continue those services;
6. A determination of the necessity of each type of information the department collects and whether the department is efficiently and effectively collecting, analyzing, and disseminating the information and protecting the privacy of individuals;
7. A comprehensive inventory of health-related information resources that meet department criteria for usefulness and applicability to local health departments; to recipients or providers of services related to the department's missions; and to nonprofit entities, private businesses, and community groups with health-related missions;
8. A method for soliciting the advice and opinions of local health departments, hospital districts, and other public health entities; of recipients and providers of services related to the department's missions; and of advocates for recipients or providers to identify and assess:
 - the health-related needs of the state,
 - ways in which the department's programs and information services can be better integrated and coordinated, and

- factors that the department should consider before adopting rules that affect recipients or providers of services related to the department’s missions; and
9. A list of other plans that the department is required to prepare under state law and a recommendation regarding plans that are obsolete or that duplicate other required department plans.

The Response

The practice of public health in Texas occurs through numerous and widely varied services, duties, and functions conducted by public, private, state, local, academic, and service delivery entities that only loosely resemble a system. The charge of HB 2085 to coordinate and integrate the services of the department begins with the department itself, but effective coordination requires the perspective of the wider public health system.

Our current public health system can and must be better aligned and coordinated to protect, promote, and improve the health of Texans. This document, the first *Texas Department of Health Comprehensive Strategic and Operational Plan*, outlines the steps that TDH will take to begin that alignment.

The process for producing this plan involved the Board of Health, all areas of the department, and people outside TDH who have a stake in what the department does. To find the basis for improving alignment and coordination throughout the department, all programs and functional units of TDH were analyzed in a comprehensive assessment of departmental services and the needs they meet. In addition, specific points of emphasis in HB 2085 stimulated focused study of health care service integration, health data management, regulatory functions, stakeholder involvement, and state-mandated plans. The information gained through all these efforts built this plan.

The document follows the charge of HB 2085. The first part analyzes the missions of the department with an historical review of how the department’s duties evolved, assesses the capacity of the department to meet its missions through its varied programs and services, and presents key opportunities for aligning services to best meet the health-related needs of the state. The second section outlines specific short- and long-term

targets for improvement for achieving the needed alignment and coordination of services throughout the department. Appendices include: 1) a brief scan of the availability of potential health status measures in Texas, 2) an annotated timeline of public health practice in Texas, and 3) detailed reports of six focused studies.